

IRS Printed Product Trouble Report			Date	Office	Trouble Report Number
Contractor			Item Number	Issue/Rev. Date	Catalog Number
			Requisition Number	Jacket Number*	Purchase Order No.
Date Item Rec'd	No. of Cartons Rec'd	Quantity Per Carton	No. of Defective Items	Replacements Needed By	No. of Pallets Rec'd
Name of Person Making Report				Telephone Number	

Packaging and Labeling Deficiencies

Label	<input type="checkbox"/> Missing	<input type="checkbox"/> Incorrect	<input type="checkbox"/> Improperly Attached	Sample Attached	<input type="checkbox"/>
Catalog Number	<input type="checkbox"/> Missing	<input type="checkbox"/> Incorrect	<input type="checkbox"/> Illegible	Other (specify)	<input type="checkbox"/>
Quantity	<input type="checkbox"/> Missing	<input type="checkbox"/> Incorrect	<input type="checkbox"/> Illegible		
Short Title	<input type="checkbox"/> Missing	<input type="checkbox"/> Incorrect	<input type="checkbox"/> Illegible		
Rev. Date	<input type="checkbox"/> Missing	<input type="checkbox"/> Incorrect	<input type="checkbox"/> Illegible		

Pallets

<input type="checkbox"/> Incorrect Size	<input type="checkbox"/> Photo(s) Attached
<input type="checkbox"/> Incorrect Entry	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Unusable Due To Damage	
<input type="checkbox"/> Incorrect Construction Material	

Palletization

<input type="checkbox"/> Cartons Overlap	<input type="checkbox"/> Improperly Shrink-Wrapped
<input type="checkbox"/> Overall Height Exceeds 55"	<input type="checkbox"/> Metal Bands Used
<input type="checkbox"/> Cartons Inadequately Secured	<input type="checkbox"/> Photo(s) Attached
<input type="checkbox"/> Mixed Carton Sizes	<input type="checkbox"/> Other (specify)

Cartons

<input type="checkbox"/> Incorrectly Sealed	<input type="checkbox"/> Mixed Printed Products Contents
<input type="checkbox"/> Banded	<input type="checkbox"/> Vary Depth Carton
<input type="checkbox"/> Stapled	<input type="checkbox"/> Inadequate Packing
<input type="checkbox"/> Excess Glue	<input type="checkbox"/> Photo(s) Attached
<input type="checkbox"/> Mixed Carton Quantities	<input type="checkbox"/> Other (specify)

Transportation

<input type="checkbox"/> Shipment Damage	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Rebuilt Pallets	
<input type="checkbox"/> Repackaged Cartons	
<input type="checkbox"/> Photo(s) Attached	

Remarks

Include in this space any comments and/or an itemization of staff hour costs attributable to defective forms and/or performance of a sampling requested by National Office. *Jacket number required for all trouble reports to GPO.

GPO Use Only

☐ Action taken, see contract modification. ☐ No action taken, contact IRS Printing Analyst for more information.

Responsible Official's Signature

Date

Selection Certification

If the contractor has not delivered the Department Random Copies (Blue Label), please utilize the following sampling plan for pulling random copies:

up to 3,200 = 13 copies
3,201 to 10,000 = 20 copies
10,001 to 35,000 = 32 copies
35,001 and over = 50 copies

Additional samples may be requested to further aid in our inspection.

For multiple destinations, a random sample of destinations is selected, and a random sample of items is selected at each sample destination. Each item in a lot must have the same probability of being selected in the sampling.

If copies were pulled randomly by the agency, from which destination(s) were they selected and how many copies from each?

I hereby certify that the enclosed random copies have been selected in accordance with the sampling plan above. I understand that I may be required to testify at a hearing regarding my selection method.

Signature

Date

The penalty provided for making false statements is prescribed in 18 USC 1001.

Questions concerning the proper procedure for pulling samples should be directed to your normal GPO contact or the Quality Assurance Section (202) 512-0630, Fax (202) 512-1641 Attn: Julie Russ/Nick Kolovos or email to JRuss@gpo.gov and nKolovos@gpo.gov

Quantity Verification

1. Using the formula below, what is the count ratio for this order? _____

2. If the ratio is 0.99 or less, name of Senior Analyst notified ►

Formula:

1. $\frac{\text{Gross Weight}}{\text{Cart Weight}} - 1 = \text{Adjusted Gross Weight}$

2. $\frac{\text{Weight of Cartons}}{\text{Total Tare Weight}} \times 8.0 =$

3. $\frac{\text{Adjusted Gross Weight}}{\text{Total Tare Weight}} - 1 = \text{Net Weight}$

4. $\frac{\text{Weight of 80 units}}{\text{Average Piece Weight}} / 80.0 =$

5. $\frac{\text{Net Weight}}{\text{Average Piece Weight}} = \text{Total Count}$

6. $\frac{\text{Total Count}}{\text{Average Carton Count}} / 32.0 =$

7. $\frac{\text{Average Carton Count}}{\text{Specified Carton Count}} = \text{Count Ratio}$

Inspector

Date

Inspector

Date

Quality Defects

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> P-2. Extraneous Marks | <input type="checkbox"/> F-6. Loose Cover, Pages and Binding | <input type="checkbox"/> F-11. Damaged Covers | <input type="checkbox"/> F-14. Upside Down Pages |
| <input type="checkbox"/> P-5. Text and Illustration Image Position | <input type="checkbox"/> F-8. Damaged Pages | <input type="checkbox"/> F-12. Missing Pages | <input type="checkbox"/> F-16. Wrong Pagination |
| <input type="checkbox"/> P-7. Type Quality and Uniformity | <input type="checkbox"/> F-9. Damaged Edges | <input type="checkbox"/> F-13. Upside Down Cover | <input type="checkbox"/> F-17. Loss of Information |
| <input type="checkbox"/> F-1. Trim Size | | | |